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Sick of Study: Student mental ‘illness’ and neoliberal higher education policy

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Sick of Study: Student mental ‘illness’ and neoliberal higher education policy

‘The anxiety currently manifest in higher education is not an unintended consequence or malfunction, but is inherent in the design of a system driven by improving productivity and the potential for the accumulation of capital’ (Hall and Bowles, 2016, p.33).

This paper applies postmodern theory to reposition the increase in certain student mental ‘illnesses’ (namely anxiety and depressive conditions) as socio-political, rather than natural and individual. It posits, in particular, that conditions of depression and anxiety are reproduced through neoliberal higher education policy discourses and structures, as an instrument of neoliberal power; that these mental ‘illnesses’ are, in part, defined by, produced by, and reproduce neoliberalism.

This paper propounds a three-tier Foucaultian framework for conceptualising student mental ‘illness’ in the context of the discourse-truth-power-subject relations of neoliberal higher education policy.

Tier 1 proposes that mental ‘illness’ is discursively constructed, and defined in opposition to neoliberal ethico-economic normality. Tier 2 proposes that the mentally ‘ill’ student subject is reproduced, both externally and internally, through neoliberal higher education policy. Tier 3 proposes that these mental ‘illnesses’ reproduce four core tenets of neoliberal functionality: 1.) Neoliberal Governmentality; 2.) Neoliberal Subjectivity; 3.) Neoliberal Regulation & 4.) Neoliberal Consumption.

Keywords: mental illness; neoliberalism; Foucault; higher education

Introduction

Student mental health is a growing public and political concern. UK students consistently score lower on wellbeing outcomes than both their international peers (Broadbent et al., 2017; Layard, 2005) and the equivalent UK non-student population (Evans et al., 2018; Thorley, 2017). Whilst a complex and contested field, Byrom (2018) identifies three emergent themes of consensus at the synergy between student mental health research, policy and practice. First, the number of students reporting mental distress is significantly increasing (Auerbach et al., 2018; 2016; NUS, 2015; Beiter et al., 2015; Hunt & Eisenberg, 2010); five times more students now disclose mental health conditions at university than a decade ago (Thorley, 2017), with depression and anxiety accounting for 75% of self-reported student mental health conditions (YouGov, 2015). Second, the demand for university wellbeing services is increasing unsustainably (Thorley, 2017; Williams et al., 2015; Mattheys, 2015). This has resulted in 61% of university counselling services reporting an increase in demand of over 25% in the last 5 years (Thorley, 2017) and substantial unmet need (Xiao et al., 2017; Auerbach et al., 2016). Third, there is a growing recognition that an exclusively medical framework is insufficient to account for the social, academic & financial pressures that students face - reflected, for example, in UK government policy (DEC, 2018), and Universities UK policy and practitioner guidance (UUK, 2018; 2015). This paper responds to these themes by situating the increase in student experiences of depression and anxiety within the context of neoliberal higher education policy, and therefore as the object of preventative policy change, to potentially reduce pressure on university wellbeing services.

Social and Political Perspectives of Mental Health

To contextualise this position, Bentall (2009) identifies four core epistemological approaches within the field of student mental health. First, the biomedical paradigm which conceptualises mentally ill health as an internal pathology, mediated by certain genetic risk factors, and requiring accurate diagnosis and effective drug therapy (Bentall, 2009). Second, the psychological approach,

which emphasises psychological intervention to identify and challenge certain self-destructive thought and behavioural patterns. This aims to equip the individual with the skills to make mentally healthy choices (Fredrickson, 2011; Lopez & Snyder, 2009; Reivich & Shatte, 2003). Third, the medical sociological framework which aims to identify the political, economic and social determinants of mental health (Bambra & Schrecker, 2015). Fourth, the ‘anti-psychiatric’ (Bentall, 2009, p.71) political epidemiological position, associated with writers Thomas Szasz (1974; 1963), Ronald Laing (1961; 1960) and Michel Foucault (1965; 1954), that positions the existence, definition, explanation and treatment of mental ‘illness’ as an economic and moral construct that is both produced by, and reproduces, capitalism (Cloud, 2014). This paper aims to contribute a medical sociological and political epidemiological perspective, by synthesising Foucaultian (1979; 1974) relations of discourse-truth-power and the subject, to (re)conceptualise the social and individual dimensions of the relationship between neoliberal higher education policy and student experiences of depression and anxiety.

It can be argued, in short, that neoliberal higher education, not the individual, is ‘sick’. I use the word ‘sick’ here in a treble sense. I mean ‘sick’ as ailing and failing; neoliberal policies are not working for wider educational objectives beyond the exchange of capital. In addition, I mean ‘sick’ as just ‘sick and tired’; if the individual is increasingly sick, this is, in part, an experience of being sick and tired of the conditions of neoliberal higher education. Furthermore, I mean ‘sick’ as sadistic sickness; the neoliberal establishment (re)produces this cycle of sickness for its own politico-economic gratification. That is to say that conditions of depression and anxiety are themselves inherent to the ideal neoliberal conditions of higher education.

To be clear, it is not suggested that there is a universal causal relationship between neoliberal higher education policy and mentally ill health. However, given the levels of mental distress presenting in the neoliberal academy, there is a certain intellectual and indeed ethical responsibility to critically examine the impact of policy on student wellbeing - not to political point score – but to enable more informed and mentally healthy policy choices (Bambra & Schrecker, 2015). Equally,

this paper does not suggest that mental ‘illness’ is not real. The experience of mental ‘illness’ is, of course, very real. It’s the reality of this experience as an ‘illness’ that is disputed. That is to say that the conditions of depression and anxiety, given their socio-political dimensions, differ aetiologically, prognostically and experientially to the epistemological and epidemiological conditions of ‘illness’ (Bentall, 2009).

A Foucaultian Model of Student Mental ‘Illness’

In what follows, I briefly outline the core tenets of a Foucaultian model of student mental ‘illness’. Discussion will be structured around three tiers: 1.) The Discursive Nature of Mental ‘Illness’; 2.) Neoliberal Higher Education Policy and Student Mental ‘Illness’ and 3.) Student Mental ‘Illness’ and Neoliberal Functionality. I propose, in essence, that increasing student experience of depression and anxiety is both a symptom and a tactic of neoliberal governance (Loveday, 2018; Berg et al., 2016; Hall & Bowles, 2016); that these conditions are both produced by, and (re)produce, the discourses and structures of neoliberal higher education policy (ibid).

(1) Tier One: The Discursive Structure of Mental ‘Illness’ (What).

For Foucault (1965; 1954), temporal changes to classifications of mental ‘illness’ preclude the presence of a natural and universal pathology within the individual, and reflect rather the dominant discourses and concepts that govern society at a given social moment. Mental ‘illness’, Foucault (ibid) argues then, is seen and experienced through the dominant (neo)-liberal discourses of rationality and irrationality, and the associated discourses of morality and labour, as an ‘indissociably economic and moral’ condition (Foucault, 1965, p.57) that is both subject and object of individual choice (Loveday, 2018; Gill & Donaghue, 2016).

(2) Tier Two: Neoliberal Higher Education Policy and Student Mental ‘Illness’ (How)

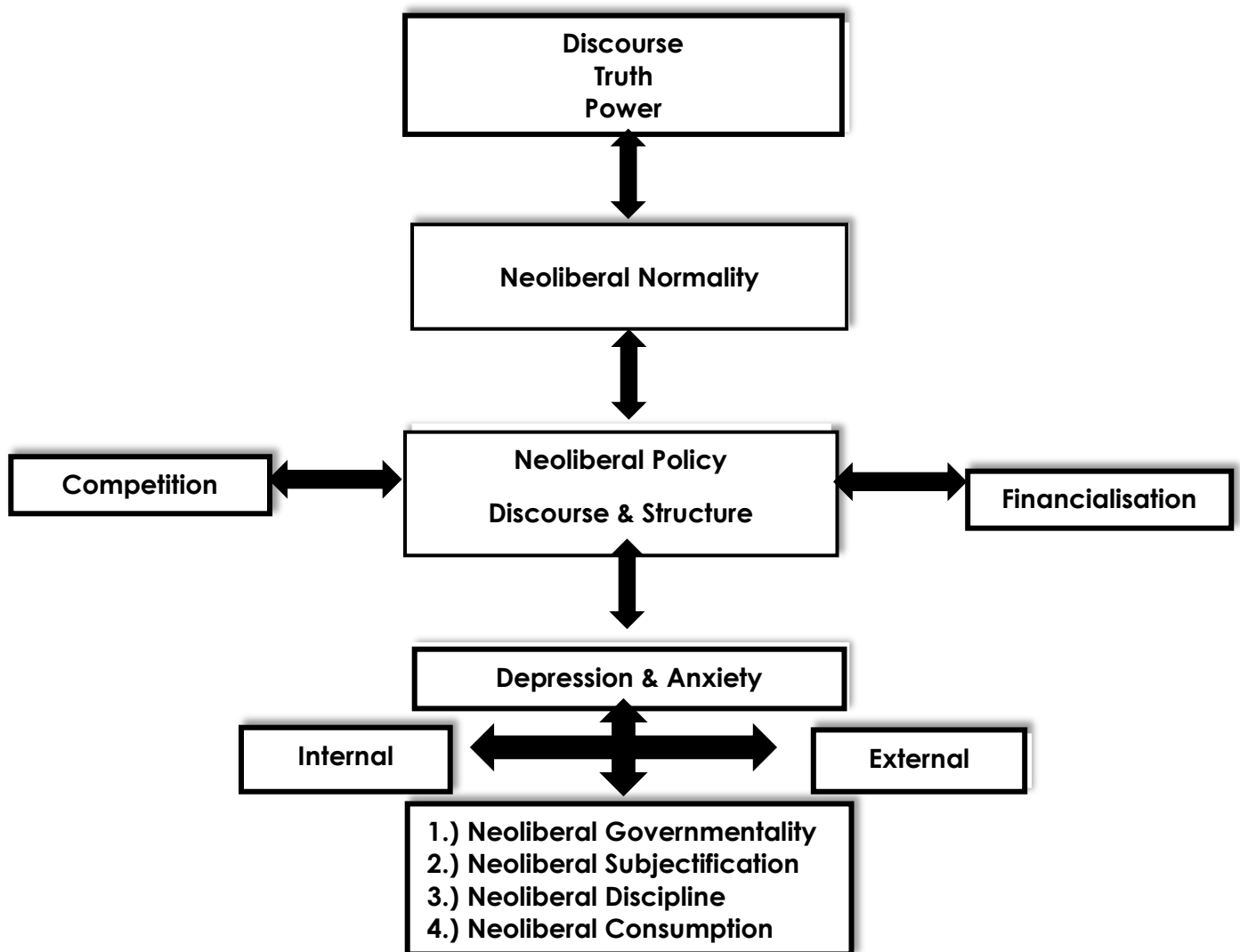
(2a) Foucaultian Subjectivity and Neoliberal Higher Education Policy

Accepting this premise, student experiences of depression and anxiety exist within a framework of discourse-truth-power-subject relations (Foucault, 1965). For simplicity, let us consider these Foucaultian relations in turn, before summarising the proposed implications for student mental health.

Firstly, Power = Subject. For Foucault (1982) that is, the subject is (re)produced, a.) Externally ‘by control or dependence’ (ibid, p.212) and b.) Internally ‘by a conscience or self-knowledge’ (ibid), within relations of discourse-truth-power. Secondly, Discourse-Truth = Power. For Foucault (1979) that is, a.) Neoliberal power produces the discourses that count as truth in higher education policy and b.) The discourses that count as truth in higher education policy (re)produce neoliberal power relations (ibid). By extension, Foucault argues (2010; 1980; 1979) that disciplinary knowledge of subject normality legitimates neoliberal policy discourses and structures within the state apparatus that ethico-economically discipline the subject (ibid).

In sum, I propose that neoliberal higher education policies, in part, (re)create and (re)produce the discursive and structural conditions that, both externally and internally, make students sick (see Figure 1). Students are sick both of the stress and distress imposed by external neoliberal policy conditions, and the internalisation of neoliberal policy subjectivities. This external and internal relationship between neoliberal higher education policy and student mental ‘illness’ is, I argue here, centralised around two themes: competition and financialisation (Ball, 2015b; 2012b). These are manifest within the 2010 university tuition fee reforms (BIS, 2010a; 2010b). I go on to frame the impact of tuition fee reforms on student mental health through this Foucaultian framework.

Figure 1 A Foucaultian Model of Student Mental Health



(2b) Austerity & Free-Market Competition in Higher Education

The policy choice to cut government spending and implement a three-fold increase in university tuition fees imposes *external* socio-material conditions that, ‘by control or dependence’ (Foucault, 1982, p.212), subject students to debt, financial insecurity, and low standards of living that are strongly associated with depression and anxiety (Bambra & Schrecker, 2015).

Additionally, at an internal level, this policy subjects students ‘by a conscience or self-knowledge’ (Foucault, 1982, p.212) to an *internal* neoliberal psychosocial economy of capital exchange. Once education is socially reconceived as a commodity, and simply the individual accumulation and exchange of capital within a free-market knowledge economy (BIS, 2016),

students are alienated from their productions so that self-value and education capital value become intrinsically related (Ball, 2015a; 2015b; 2015c; 2013; 2012a; Ball & Olmedo, 2013). Students subsequently revalue themselves and their productions according to their capital exchange value within neoliberal competition (Hall & Bowles, 2016; Smith, 2012), whereby student self-worth, ‘purposes, decisions and social relations’ (Ball & Olmedo, 2013, p.88) are attached, ‘by a conscience or self-knowledge’ (Foucault, 1982, p.212), to the value judgements of neoliberal policy (Foucault, 1979). This ontological shift in policy discourse can, I suggest, perpetuate certain mentally unhealthy beliefs and behaviours, such as an anxiety and perfectionism around certain assessment measures (Bowles & Hall, 2016; Berg et al., 2016; Ball, 2015a; Smith, 2012). Moreover, it can produce intensification and lack of self-care (Gill & Donaghue, 2016; Bowles & Hall, 2016; Cloud, 2014), and the internalisation of neoliberal competition and ranking structures (Berg et al., 2016; Bowles & Hall, 2016; Ball, 2015a; 2015c; 2012a; 2012b; Ball & Olmedo, 2013).

Accepting this internal policy dimension of student mental health experiences, as framed within the above Foucaultian relations of discourse-truth-power-subject, I propose that certain experiences of depression and anxiety are ‘created to operate on minds and bodies as a discipline and disciplinary practice’ (Berg et al., 2016, p.173) in the reproduction of the ideal responsibilised, self-disciplining and entrepreneurial neoliberal subject (Loveday, 2018; Berg et al., 2016; Hall & Bowles, 2016; Cloud, 2014; Ball, 2012; 2013; 2015; Rose 1992; 1989; Foucault, 1979).

(3) Tier Three: Mental ‘Illness’ and Neoliberal Functionalism (Why)

Certain conditions of depression and anxiety are inherent, I propose, to four core tenets of optimal neoliberal functionality. First, neoliberal governmentality: discourses of mental ‘illness’ are (re)cited to naturalise and individualise the social ills of neoliberal capitalism (Cloud, 2014), and thus dissipate collective political resistance (Gill & Donaghue, 2016). There exists, as Fisher (2011) puts it, a cyclical relationship between the seeming inevitability of neoliberal capitalist realism, and the seeming ‘realism’ of the depressive with their internal attribution of failure and incapacity to

envision positive change (Bentall, 2009). Second, neoliberal subjectification: certain conditions of anxiety and depression are necessary to sustain and (re)produce the conditions of neoliberal competition, and the ideal ‘docile and capable’ (Foucault, 1979, p.294) neoliberal subject. ‘Anxiety’, Loveday (2018, p.156) writes, ‘has an active role to play in the creation of the type of entrepreneurial academic subject who aids competition by taking risks’ and is self-disciplined and self-responsibilized to accumulate knowledge capital within free-market competition (Ball, 2015a; 2012; Rose, 1992; 1989). Third, neoliberal discipline: discourses of mental ‘illness’ are self-cited to (re)position neoliberal qualities and choices as normal and desirable (Ahmed, 2010; Moncrieff, 2006). The logic of self-help or academic resilience is a neoliberal logic; the individual is problematized, responsabilized and disciplined to work on the self and thrive despite the increasing demands of the neoliberal academy (Gill & Donaghue, 2016; Rose, 1992). Fourth, neoliberal consumption: it has been argued that certain specialist treatments for mental ‘illness’, in the absence of substantive evidence of their effectiveness (Bentall, 2009), function primarily to (re)produce the logic of consumption (Moncrieff, 2006) and the flow of capital (Whitaker, 2005).

Conclusion

Ultimately I have argued here that student ‘depression’ and ‘anxiety’ are conditions that are, in part, (re)defined by, produced by, and (re)produce neoliberalism. I have argued that neoliberal policy factors are related to student experiences of depression and anxiety; that disciplinary knowledge of depression and anxiety is recuperated to reproduce the neoliberal logic of individualism, resilience and self-help; and that certain conditions of depression and anxiety (re)produce the ideal ‘docile and capable’ (Foucault, 1979, p.294) neoliberal subject. Situated within the disciplinary context and in response to the key concerns in the literature, this framework can have relevance for student mental health research, policy and practice.

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